

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000041938

**Entity Name:** WP MEDICAL CONSULTANT, INC.

**Current Principal Place of Business:**

11910 NW 14TH STREET  
PEMBROKE PINES, FL 33026

**Current Mailing Address:**

P.O. BOX 260340  
HOLLYWOOD, FL 33026

**FEI Number:** 27-2592562

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PENA, WILLIAM RMD  
11910 NW 14TH STREET  
PEMBROKE PINES, FL 33026 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name PENA, WILLIAM RMD  
Address 11910 NW 14TH STREET  
City-State-Zip: PEMBROKE PINES FL 33026

Title TR  
Name PENA, WILLIAM RMD  
Address 11910 NW 14TH STREET  
City-State-Zip: PEMBROKE PINES FL 33026

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM PENA

**PRESIDENT**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date